FORTNIGHTLY TIME AND WAGES WORKSHEET

Employer Name:

Employer ABN:

Employee's Name
Job Title:
Status (FT, PT, CAS):
Name of Award/Agreement:

EMPLOYEE'S ORDINARY WEEKLY WAGES (EXCLUDING OVERTIME) / OVERTIME / LEAVE

DAY AND DATE Eg. Monday 16/10/2008	START TIME	Start of Unpaid Break	End of Unpaid Break	Other Breaks	FINISH TIME	TOTAL Hours minus unpaid breaks	START TIME	Start of Unpaid Break	End of Unpaid Break	Other Breaks	FINISH TIME	TOTAL Hours minus unpaid breaks	TYPE Eg. Annual	HOURS
					TOTAL:						**TOTAL:**			

EMPLOYEE'S ORDINARY WEEKLY WAGES (EXCLUDING OVERTIME)

PAY

Full-Time weekly wage or salary - as in award/agreement: $

Ordinary Time Rate	Hours @ $	per/hour	$
Saturday	Hours @ $	per/hour	$
Sunday	Hours @ $	per/hour	$
Public Holiday	Hours @ $	per/hour	$
Shift Penalty - Rate 1	Hours @ $	per/hour	$
Shift Penalty - Rate 2	Hours @ $	per/hour	$
Overtime - Rate 1	Hours @ $	per/hour	$
Overtime - Rate 2	Hours @ $	per/hour	$
Piece/Tally Work	Hours @ $	per/hour	$
Allowance - Other Payment			$
Allowance - Other Payment			$
Leave - Type	Hours @ $	per/hour	$
Leave - Type	Hours @ $	per/hour	$
Leave Loading	Hours @ $	per/hour	$
		GROSS PAY	$

DEDUCTIONS (NOTE: Any deductions, other than taxation, need to be authorised in writing by the employee).

Taxation	$
Other (eg board/meals)	$
Other:	$
Other:	$
Other:	$
TOTAL DEDUCTIONS	$

NET PAY

Gross Pay -	$
Total Deductions	$
NET PAY	$

SUPERANNUATION

Employer Contribution	
Fund/Scheme	
Date Paid Into Fund	

EMPLOYEE DECLARATION

I have worked the above time and received the Net Pay shown on this worksheet.

Employee's Signature:

Dated:

NOTE: **All records must be retained for a minimum of seven (7) years from the date the employee ceases their employment. Where the business changes hands, the records should be transferred to the new employer.**